

Case Number:	CM14-0067282		
Date Assigned:	07/11/2014	Date of Injury:	03/27/2010
Decision Date:	09/10/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a male with a date of injury of 03/27/2010. Per workers' compensation reevaluation dated 04/07/2014, the injured worker complains of bilateral hip pain, bilateral knee pain and bilateral ankle pain. On examination of the bilateral hips, there is tenderness of the greater trochanter and iliotibial bands, and localized tenderness. The anterior joint is tender, especially with Fadir's examination. The injured worker describes weakness in joints. Abductor strength is 4/5. Bilateral knee exam reveals protected gait with limp, uses a can, and pain is mainly in plantar heels with walking. There is trace effusion bilateral knees. There is moderate tenderness along the medial joint and lateral joints bilaterally, especially the anterior and posterior medial corners. There is also moderate tenderness along the patellofemoral joint bilaterally. McMurray's is positive for medial joint pain, bilateral. Patellar grid is 1+ bilateral. Right ankle is tender at plantar lateral foot, plantar fascia, and dorsal hind foot. Left ankle is tender at plantar fascia and dorsal hind foot. Diagnoses include 1) instability of hip joint 2) hip arthralgia 3) ankle/foot arthralgia 4) ankle/foot other and unspecified disorder of joint 5) enthesopathy of hip 6) hip bursitis 7) knee medial meniscus tear 8) hip contusion.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ultrasound guided orthovisc injection for bilateral knee times six: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Hyaluronic Acid Injections section.

Decision rationale: The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections are beneficial for osteoarthritis is inconsistent. The medical documentation does not indicate significant osteoarthritis that has not responded adequately to conservative therapies including pharmacologic and nonpharmacologic treatments, or that the injured worker is a candidate for total knee replacement surgery that is wanting to delay surgery. He is diagnosed with medial meniscus tear, but not knee osteoarthritis. There is no indication from the medical documentation provided that the criteria in the ODG have been established to warrant this treatment. The request for Ultrasound guided Orthovisc injection for bilateral knee times six is determined to not be medically necessary.

Physical Therapy two times a week for six weeks for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section, page(s) 98, 99 Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The injured worker has been injured for over four year, and it is not reported if physical therapy has been provided previously, or the status of a home exercise program. The current request is also for physical therapy in excess of that recommended by the MTUS Guidelines. The request for 12 sessions of Physical Therapy two times a week for six weeks for the right ankle is determined to not be medically necessary.

Custom Molded Orthotics: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371.

Decision rationale: The MTUS Guidelines recommend the use of rigid orthotics (full shoe length inserts made to realign within the foot and from foot to leg) for patients with plantar fasciitis and metatarsalgia. Orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability. The claims administrator referred to the ODG, and recommends that there be documentation of no improvement in pain and function with the use of over the counter orthotics. Although this is a reasonable recommendation, the request is also acceptable, especially as this injured worker already has significant disability from his ankle pain. The request for custom molded orthotics is determined to be medically necessary.

Bilateral Ankle braces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: Per the MTUS Guidelines, for acute ankle injuries, immobilization and weight bearing as tolerated, and taping or bracing to avoid exacerbation or for prevention is recommended. The injured worker does not have an acute injury, and there is no indication of any instability by examination or imaging of the ankle despite significant pain symptoms. The request for bilateral ankle braces is determined to not be medically necessary.

Cortisone Injections for bilateral ankles x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 375-377.

Decision rationale: The MTUS Guidelines recommend the use of injections for patients with point tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma. Injections have no proven value for the foot and ankle for other reasons. Repeated or frequent injections are not recommended. The request for Cortisone Injections for bilateral ankles x 6 is determined to not be medically necessary.